

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Jim (James)

R. (Robert)

NICKNAME

LAST

SUFFIX

Red

Murphy

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

10035 Inwood Drive Houston Texas 77042
Briargrove Park

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 781-2968

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Ms.

Barbara

J.

NICKNAME

LAST

SUFFIX

Stiranka

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2463 Briarwest Blvd. Houston Texas 77077

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 497-4357

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer
appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

07 / 01 / 03

THROUGH

Month Day Year

10 / 05 / 03

11 ELECTION

ELECTION DATE

Month Day Year

11 / 04 / 03

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

District G, Houston City Council

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

N.A.

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

N.A.

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -0-

EXPENDITURE
TOTALS3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED
ALL personal money being spent!

\$ see p. G, 1-8

4. TOTAL POLITICAL EXPENDITURES (ALL from Personal monies)

\$ 22,950.19

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

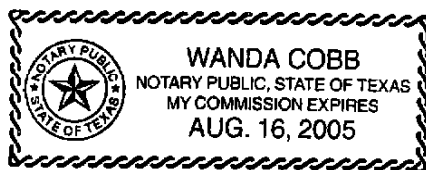
\$ -0-

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 18, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JAMES R. MURPHY, this the 6th day of October, 2003, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

WANDA COBB
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: this page only	
2 FILER NAME N.A.		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B:
this page only

2 FILER NAME

N.A.

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#:8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation \ Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANS				SCHEDULE E	
The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule E: this page only	
2 FILER NAME <div style="text-align: center;">N.A.</div>				3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒				\$	
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#:			9 Loan Amount (\$)	
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code			10 Interest rate	
				11 Maturity date	
12 Description of Collateral <input type="checkbox"/> none					
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable		14 Name of guarantor 15 Guarantor address; City; State; Zip Code		16 Amount Guaranteed (\$)	
17 Principal Occupation				18 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#:			Loan Amount (\$)	
Is lender a financial institution? Y N	Lender address; City; State; Zip Code			Interest rate	
				Maturity date	
Description of Collateral <input type="checkbox"/> none					
GUARANTOR INFORMATION <input type="checkbox"/> not applicable		Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)	
Principal Occupation				Employer	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
this page only**2** FILER NAME

N.A. (see form G)

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount
(\$)**6** Payee address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Page 1 / 8

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:
Eight

2 FILER NAME James R. Murphy

3 ACCOUNT # (Ethics Commission filers)

4 Date 7-10-03	5 Payee name U.S. Post Office 6 Payee address; City; State; Zip Code GPO - 401 Franklin Houston TX 77201 7 Purpose of expenditure (See instructions regarding type of information required.) Bulk mail permit/deposit	8 Amount (\$) \$2,300.00 <input type="checkbox"/> Reimbursement from political contributions intended
Date 7-11-03	Payee name OfficeMax Payee address; City; State; Zip Code 10516 Old Katy Rd. Houston TX 77043 Purpose of expenditure (See instructions regarding type of information required.) rubber stamp	Amount (\$) \$19.48 <input type="checkbox"/> Reimbursement from political contributions intended
Date 7-12-03	Payee name U.S. Post Office Payee address; City; State; Zip Code 401 Franklin Houston TX 77201 Purpose of expenditure (See instructions regarding type of information required.) postage	Amount (\$) \$51.80 <input type="checkbox"/> Reimbursement from political contributions intended
Date 7-15-03	Payee name City of Houston Planning Dept. Payee address; City; State; Zip Code 611 Walker Houston TX 77002 Purpose of expenditure (See instructions regarding type of information required.) Map	Amount (\$) \$12.50 <input type="checkbox"/> Reimbursement from political contributions intended
Date 7-15-03	Payee name OfficeCopy Payee address; City; State; Zip Code 10516 Old Katy Rd. Houston TX 77043 Purpose of expenditure (See instructions regarding type of information required.) printing	Amount (\$) \$1,488.89 <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

Page 2

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages	Schedule G:
2 FILER NAME James R. Murphy		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7-19-03	5 Payee name OfficeMax 6 Payee address; City; State; Zip Code 10516 Old Katy Rd. Houston TX 77043 7 Purpose of expenditure (See instructions regarding type of information required.) Office supplies	8 Amount (\$) \$12.20 <input type="checkbox"/> Reimbursement from political contributions intended	
Date 7-22-03	Payee name U.S. Post Office Payee address; City; State; Zip Code 401 Franklin Houston TX 77201 Purpose of expenditure (See instructions regarding type of information required.) postage	Amount (\$) \$86.58 <input type="checkbox"/> Reimbursement from political contributions intended	
Date 7-28-03	Payee name OfficeMax Payee address; City; State; Zip Code 10516 Old Katy Rd. Houston TX 77043 Purpose of expenditure (See instructions regarding type of information required.) Office Supplies	Amount (\$) \$82.26 <input type="checkbox"/> Reimbursement from political contributions intended	
Date 7-29-03	Payee name OfficeMax Payee address; City; State; Zip Code 10516 Old Katy Rd. Houston TX 77043 Purpose of expenditure (See instructions regarding type of information required.) Office Supplies	Amount (\$) \$18.15 <input type="checkbox"/> Reimbursement from political contributions intended	
Date 7-29-03	Payee name U.S. Post Office Payee address; City; State; Zip Code 401 Franklin Houston TX 77201 Purpose of expenditure (See instructions regarding type of information required.) Postage	Amount (\$) \$37.00 <input type="checkbox"/> Reimbursement from political contributions intended	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

Page 3

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

James R. Murphy

3 ACCOUNT # (Ethics Commission filers)

4 Date

8-1-03

5 Payee name

Target

6 Payee address; City; State; Zip Code

10801 Westheimer Rd. Houston TX 77042

8 Amount
(\$)

\$2.53

7 Purpose of expenditure (See instructions regarding type of information required.)

Office supplies

☐ Reimbursement
from political
contributions
intended

Date

8-3-03

Payee name

OfficeMax

Payee address; City; State; Zip Code

10516 Old Katy Rd. Houston TX 77043

Amount
(\$)

\$216.43

Purpose of expenditure (See instructions regarding type of information required.)

Office supplies

☐ Reimbursement
from political
contributions
intended

Date

8-5-03

Payee name

Boy Scouts

Payee address; City; State; Zip Code

10503 Westheimer Houston TX 77042

Amount
(\$)

\$125.00

Purpose of expenditure (See instructions regarding type of information required.)

walk precincts

☐ Reimbursement
from political
contributions
intended

Date

8-6-03

Payee name

Boy Scouts

Payee address; City; State; Zip Code

10503 Westheimer Houston TX 77042

Amount
(\$)

\$140.00

Purpose of expenditure (See instructions regarding type of information required.)

walk precincts

☐ Reimbursement
from political
contributions
intended

Date

8-7-03

Payee name

Boy Scouts

Payee address; City; State; Zip Code

10503 Westheimer Houston TX 77042

Amount
(\$)

\$120.00

Purpose of expenditure (See instructions regarding type of information required.)

walk precincts

☐ Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

Page 4

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:**2 FILER NAME**

James R. Murphy

3 ACCOUNT # (Ethics Commission filers)

4 Date 8-11-03	5 Payee name Boy Scouts 6 Payee address; City; State; Zip Code 10503 Westheimer Houston TX 77042 7 Purpose of expenditure (See instructions regarding type of information required.) Boy Scouts walk precincts	8 Amount (\$) \$125.00 <input type="checkbox"/> Reimbursement from political contributions intended
Date 8-12-03	Payee name Boy Scouts Payee address; City; State; Zip Code 10503 Westheimer Rd. Houston TX 77042 Purpose of expenditure (See instructions regarding type of information required.) walk precincts	Amount (\$) \$120.00 <input type="checkbox"/> Reimbursement from political contributions intended
Date 8-13-03	Payee name Boy Scouts Payee address; City; State; Zip Code 10503 Westheimer Houston TX 77042 Purpose of expenditure (See instructions regarding type of information required.) walk precincts	Amount (\$) \$150.00 <input type="checkbox"/> Reimbursement from political contributions intended
Date 8-14-03	Payee name U.S. Post Office Payee address; City; State; Zip Code 401 Franklin Houston TX 77201 Purpose of expenditure (See instructions regarding type of information required.) postage	Amount (\$) \$1197.50 <input type="checkbox"/> Reimbursement from political contributions intended
Date 8-15-03	Payee name Boy Scouts Payee address; City; State; Zip Code 10503 Westheimer Rd. Houston TX 77042 Purpose of expenditure (See instructions regarding type of information required.) walk precincts	Amount (\$) \$150.00 <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

Page 5

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:**2** FILER NAME

James R. Murphy

3 ACCOUNT # (Ethics Commission filers)**4** Date

8-16-03

5 Payee name

Boy Scouts

6 Payee address; City; State; Zip Code

10503 Westheimer Rd. Houston TX 77042

8 Amount
(\$)

\$140.00

7 Purpose of expenditure (See instructions regarding type of information required.)

walk precincts

☐ Reimbursement
from political
contributions
intended

Date

8-20-03

Payee name

Boy Scouts

Payee address; City; State; Zip Code

10503 Westheimer Rd. Houston TX 77042

Amount
(\$)

\$150.00

Purpose of expenditure (See instructions regarding type of information required.)

walk precincts

☐ Reimbursement
from political
contributions
intended

Date

9-7-03

Payee name

Home Depot

Payee address; City; State; Zip Code

6800 W Sam Houston Pkwy Houston TX 77072

Amount
(\$)

\$38.91

Purpose of expenditure (See instructions regarding type of information required.)

stakes for signs

☐ Reimbursement
from political
contributions
intended

Date

9-10-03

Payee name

U.S. Post Office

Payee address; City; State; Zip Code

401 Franklin Houston TX 77201

Amount
(\$)

\$4256.71

Purpose of expenditure (See instructions regarding type of information required.)

postage

☐ Reimbursement
from political
contributions
intended

Date

9-11-03

Payee name

Downtown Pachyderm

Payee address; City; State; Zip Code

909 Texas (Rice Lofts) Houston TX 77002

Amount
(\$)

\$10.00

Purpose of expenditure (See instructions regarding type of information required.)

lunch

☐ Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

Page 6

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages	Schedule G:
2 FILER NAME James R. Murphy		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9-17-03	5 Payee name U.S. Post Office 6 Payee address; City; State; Zip Code 401 Franklin Houston TX 77201 7 Purpose of expenditure (See instructions regarding type of information required.) postage	8 Amount (\$) \$3682.32 <input type="checkbox"/> Reimbursement from political contributions intended	
Date 9-18-03	Payee name City of Houston Payee address; City; State; Zip Code 901 Bagby Houston TX 77002 Purpose of expenditure (See instructions regarding type of information required.) filing fcc for District G-Houston City Council Office	Amount (\$) \$500.00 <input type="checkbox"/> Reimbursement from political contributions intended	
Date 9-20-03	Payee name Office Depot Payee address; City; State; Zip Code 10960 Westheimer Rd. Houston TX 77042 Purpose of expenditure (See instructions regarding type of information required.) Office supplies	Amount (\$) \$2.05 <input type="checkbox"/> Reimbursement from political contributions intended	
Date 9-24-03	Payee name U.S. Post Office Payee address; City; State; Zip Code 401 Franklin Houston TX 77201 Purpose of expenditure (See instructions regarding type of information required.) postage	Amount (\$) \$4340.66 <input type="checkbox"/> Reimbursement from political contributions intended	
Date 9-25-03	Payee name Lowe's Home Improvement Payee address; City; State; Zip Code 2610 Kirkwood Houston TX 77077 Purpose of expenditure (See instructions regarding type of information required.) PVC for signs	Amount (\$) \$5.93 <input type="checkbox"/> Reimbursement from political contributions intended	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

Page 7

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages	Schedule G:
2 FILER NAME James R. Murphy		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9-26-03	5 Payee name Eagle Steel-Cordell Concrete Products 6 Payee address; City; State; Zip Code 6415 W. Hardy Houston TX 77022 7 Purpose of expenditure (See instructions regarding type of information required.) steel for signs, 1000'	8 Amount (\$) \$106.09 <input type="checkbox"/> Reimbursement from political contributions intended	
Date 9-26-03	Payee name Home Depot Payee address; City; State; Zip Code 6800 W. Sam Houston Pkwy 77072 Purpose of expenditure (See instructions regarding type of information required.) PVC-btm signs	Amount (\$) \$2.34 <input type="checkbox"/> Reimbursement from political contributions intended	
Date 9-27-03	Payee name Lowe's Home Improvement Payee address; City; State; Zip Code 2610 Kirkwood Houston TX 77077 Purpose of expenditure (See instructions regarding type of information required.) Cutting wheels	Amount (\$) \$6.47 <input type="checkbox"/> Reimbursement from political contributions intended	
Date 9-29-03	Payee name Lowe's Home Improvement Payee address; City; State; Zip Code 2610 Kirkwood Houston TX 77077 Purpose of expenditure (See instructions regarding type of information required.) Cutting wheels	Amount (\$) \$12.95 <input type="checkbox"/> Reimbursement from political contributions intended	
Date 9-10-03	Payee name Print Mart. Payee address; City; State; Zip Code 3823 Synott Buffalo TX 77082 Purpose of expenditure (See instructions regarding type of information required.) signs	Amount (\$) \$782.00 <input type="checkbox"/> Reimbursement from political contributions intended	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

Page 8 / 8

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:
eight

2 FILER NAME J mes R. Murphy

3 ACCOUNT # (Ethics Commission filers)

4 Date 10-4-03	5 Payee name Print Mart 6 Payee address; City; State; Zip Code 3823 Synott Buffalo TX 77082 7 Purpose of expenditure (See instructions regarding type of information required.) signs	8 Amount (\$) \$970.00 <input type="checkbox"/> Reimbursement from political contributions intended
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Date 7-22-03	Payee name OfficeCopy/Max Payee address; City; State; Zip Code 10516 Old Katy Rd. Houston TX 77043 Purpose of expenditure (See instructions regarding type of information required.) printing	Amount (\$) \$1488.44 <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
------	---	---

Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
------	---	---

Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
------	---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:**2** FILER NAME

N.A.

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Business name**7** Amount
(\$)**6** Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:**2** FILER NAME

N.A.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:**2** FILER NAME

N.A.

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payor name**8** Amount
(\$)**6** Payor address; City; State; Zip Code**7** Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED